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Patitioner's Docket No.: CARSWELL.UTL

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Rufus H. Carswell and Lucian Kapuscinski

Serial No.: 09/618,662

Group No.: 3622

Filed: July 18, 2000

Examiner: Champagne, Donald

For: "Fraud Resistant Electronic Coupon Dispensing System"

Mail Stop FEE Amendment

Commissioner for Patents

P. O. Box 1450

Alexandria, Virginia 22313-1450

RECEIVED  
FEB 09 2004  
GROUP 3600

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. §1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents P.O. Box 1450, Alexandria, Virginia 22313-1450.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Date: January 27, 2004

Greg O'Bradovich  
Signature  
Greg O'Bradovich  
(type or print name of person certifying)

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee for Small Entity: \$55.00

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims		Highest No.	Present		Addit.
	Remaining		Previously	Extra	Rate	Fee
	After		Paid For			
	Amendment					
Total	19	Minus	20	= 0	x \$9 =	\$0
Indep.	3	Minus	3	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim					+ \$135 =	\$0
Total					Addit. Fee	\$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

**FEE PAYMENT**

5. Attached is a check in the sum of \$55.00, check no. 5959.



**SIGNATURE OF PRACTITIONER**

Reg. No. 42,945

Tel. No.: (770) 995-8877

Customer No.: 021590

Greg O'Bradovich

HINKLE & O'BRADOVICH, LLC  
395 Scenic Highway  
Lawrenceville, Georgia 30045